

For additional information, please visit: **www.aldoi.gov**

## INSTRUCTIONS:

1. This form is to be completed by an authorized representative of the insurance company appointing the Managing General Agent (MGA). Before completing this form, the MGA must apply for an MGA license at [www.nipr.com](http://www.nipr.com). The Alabama MGA license number must be shown below.
2. Filing of this application does not give authority to the MGA. This authority does not exist until all required items are filed and a license is issued by the Alabama Department of Insurance.
3. This application must be accompanied by a check or money order in the amount of \$155.00, representing an application fee of \$30.00 and a license (appointment) fee of \$125.00. [Retaliatory fees may also apply (see schedule below). This application will be returned without processing if not accompanied by the fees as indicated above. Make check or money order payable to "**Commissioner of Insurance, State of Alabama.**"
4. In addition to the fees mentioned above, the following items **MUST** be submitted with this application:
  - If applicant is a business entity, a certificate of good standing from the Alabama Secretary of State.
  - Original copy of fidelity bond [in the minimum amount of \$100,000].
  - Copy of MGA's errors and omissions policy [in the minimum amount of \$1,000,000 or 25% of gross amount of direct premium, whichever is greater].
  - Duplicate copy of the executed contract between the MGA and the insurer. All Alabama insurers must use Form AL-MGA-2, which can be obtained from the Alabama Department of Insurance and may be freely copied. Other insurers must also use Form AL-MGA-2, unless the insurer is domiciled in a state having a law substantially similar to the Alabama MGA Act, in which case the insurer must file a copy of a contract which complies with the Alabama MGA Act with this application.
5. A separate application must be completed for each MGA and each insurer.

6. PLEASE TYPE. Deliver this completed application to:

Examiners Division  
Alabama Department of Insurance  
201 Monroe Street, Suite 1700  
P. O. Box 303351  
Montgomery, Alabama 36130-3351

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NAME OF INSURER: \_\_\_\_\_

INSURER NAIC NO.: \_\_\_\_\_

NAME OF MGA: \_\_\_\_\_

ALA. MGA LICENSE NO.: \_\_\_\_\_

MGA's FEDERAL TAXPAYER ID NO.: \_\_\_\_\_

The above-named insurer requests that the above-named MGA be licensed and appointed as a Managing General Agent (MGA) for the following line(s) of insurance (mark ☒ as many as required):

- |  |   |  |   |   |
|--|---|--|---|---|
| <input type="checkbox"/> <b>V</b> - Variable Life/Variable Annuity             | <input type="checkbox"/> <b>L</b> - Life            | <input type="checkbox"/> <b>P</b> - Property         | <input type="checkbox"/> <b>C</b> - Casualty        | <input type="checkbox"/> <b>CR</b> - Credit     |
| <input type="checkbox"/> <b>H</b> - Accident & Health or Sickness (Disability) | <input type="checkbox"/> <b>PL</b> - Personal Lines | <input type="checkbox"/> <b>A</b> - Automobile       | <input type="checkbox"/> <b>BB</b> - Bail Bond      | <input type="checkbox"/> <b>MC</b> - Motor Club |
| <input type="checkbox"/> <b>IF</b> - Industrial (debit) Fire                   | <input type="checkbox"/> <b>RV</b> - Rental Vehicle | <input type="checkbox"/> <b>DS</b> - Dental Services | <input type="checkbox"/> <b>LS</b> - Legal Services |   |

By the signature of an authorized company official, the above-named insurer requests that the applicant described in this application be licensed and appointed as MGA for the above indicated line(s) of insurance (mark as many as required). We have investigated the character and background of this applicant and are satisfied that the applicant is trustworthy and qualified to act as our MGA, we endorse the applicant as being of good business standing and character and we desire that the applicant be licensed and appointed as our MGA as indicated above. We are familiar with the federal law (18 U.S.C. § 1033) which prohibits anyone who has been convicted of a felony involving dishonesty or a breach of trust from conducting the business of insurance and understand it is a violation of this law to willfully permit a prohibited person from conducting the business of insurance.

Dated: \_\_\_\_\_

\_\_\_\_\_  
(original signature of authorized company official)

DO NOT WRITE IN THIS SPACE

\_\_\_\_\_  
(typed name of authorized company official)\_\_\_\_\_  
(address)\_\_\_\_\_  
(city/state/zip)\_\_\_\_\_  
(telephone)

**Schedule of Retaliatory Fees:**

If the total taxes and fees an Alabama MGA would owe in the MGA's state of domicile is greater than the aggregate taxes and fees in Alabama, the same aggregate amount is to be paid in Alabama. Below is a schedule of fees based on the MGA's state of domicile:

#	State	Fee
1	Alabama	155.00
2	Alaska	800.00
3	Arizona	155.00
4	Arkansas	500.00
5	California	318.00
6	Colorado	155.00
7	Connecticut	155.00
8	Delaware	155.00
9	District Of Columbia	155.00
10	Florida	155.00
11	Georgia	600.00
12	Guam	155.00
13	Hawaii	155.00
14	Idaho	155.00
15	Illinois	155.00
16	Indiana	155.00
17	Iowa	155.00
18	Kansas	155.00
19	Kentucky	155.00
20	Louisiana	600.00
21	Maine	155.00
22	Maryland	155.00
23	Massachusetts	155.00
24	Michigan	155.00
25	Minnesota	200.00
26	Mississippi	155.00
27	Missouri	155.00

#	State	Fee
28	Montana	155.00
29	Nebraska	155.00
30	Nevada	155.00
31	New Hampshire	400.00
32	New Jersey	155.00
33	New Mexico	155.00
34	New York	155.00
35	North Carolina	155.00
36	North Dakota	155.00
37	Ohio	155.00
38	Oklahoma	155.00
39	Oregon	155.00
40	Pennsylvania	400.00
41	Puerto Rico	1,051.00
42	Rhode Island	155.00
43	South Carolina	155.00
44	South Dakota	155.00
45	Tennessee	155.00
46	Texas	155.00
47	Utah	155.00
48	Vermont	300.00
49	Virginia Islands	600.00
50	Virginia	500.00
51	Washington	200.00
52	West Virginia	500.00
53	Wisconsin	155.00
54	Wyoming	155.00